

LANG, XIFARAS & BULLARD

115 ORCHARD STREET
NEW BEDFORD, MASSACHUSETTS 02740

TELEPHONE (508) 992-1270
FAX (508) 993-8696
WWW.LXB-NEWBEDFORD.COM
EMAIL: MAIL@LXB-NEWBEDFORD.COM

SCOTT W. LANG * °
MARGARET D. XIFARAS * #
PETER C. BULLARD *

SUSAN FORGUE WEINER *
JENNIFER L. DAVIS *

OF COUNSEL

WILLIAM M. STRAUS **
GEORGE C. PERKINS *
JOSEPH B. MCINTYRE *

ADMITTED TO PRACTICE
* MASSACHUSETTS
° DISTRICT OF COLUMBIA
+ VIRGINIA
FLORIDA

OF COUNSEL

HON. JOHN M. XIFARAS *
RETIRED JUSTICE OF THE SUPERIOR COURT

May 25, 2004

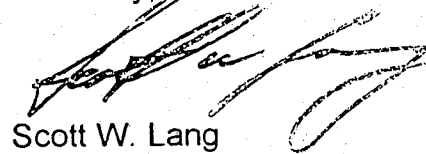
U.S. Equal Employment Opportunity Commission
Office of Federal Operations
P.O. Box 19848
Washington, D.C. 20036

Dear Sir or Madam:

Re: Complainant: Harvey Stewart
Agency No.: 200G-05252002100953
EEOC No. 160-2003-08238X

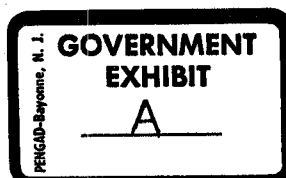
On behalf of my client, Harvey Stewart, enclosed please find, for filing, **EEOC Form 573, Notice of Appeal/Petition.**

Sincerely,



Scott W. Lang
SWL/jld

cc: U.S. Department of Veterans Affairs
Office of the General Counsel (024)
810 Vermont Ave., N.W.
Washington, D.C. 20420



**NOTICE OF APPEAL/PETITION
TO THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION
OFFICE OF FEDERAL OPERATIONS**

1. Appellant's name (Last, First, Middle): [Please Print or Type]

Stewart, Harvey

2. Home/mailling address:

P.O. Box 768
Fairhaven, MA 02719

3. Name and address of attorney or other representative, if any:

Scott W. Lang, Esquire
Lang, Xifaras & Bullard, 115 Orchard Street, New Bedford, MA 02740

4. Appellant's daytime telephone number (incl. area code):

508-583-4000

5. Representative's telephone number (if applicable):

508-992-1270

6. Has the appellant filed a formal complaint with his/her agency?

☐ No

☒ Yes - indicate the Agency's complaint number: 200G-0525-2002100953,
200G-0525-2002100933

7. Name of the agency being charged with discrimination:

United States Department of Veterans Affairs

8. Location of the duty station or local facility in which the complaint arose: Brockton V.A. Medical Center
940 Belmont St. Brockton, MA

9. Has a FINAL DECISION been issued by the agency, an Arbitrator, FLRA, or MSPB on this complaint?

☒ YES (Indicate the date the appellant RECEIVED it 4/29/04, and ATTACH A COPY.)

☐ NO

☐ This appeal alleges a breach of a settlement agreement.

10. Has a complaint been filed on this same matter with this Commission, another agency, or through any other administrative or collective bargaining procedure?

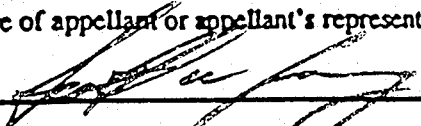
☐ NO ☒ * YES (Indicate the agency or procedure, complaint/docket number, and attach a copy, if appropriate).

* The EEOC assigned a docket number to this matter, 160-2003-08238X

11. Has a civil action (lawsuit) been filed in connection with this complaint?

☐ NO ☒ YES (ATTACH A COPY OF THE CIVIL ACTION FILED)

12. Signature of appellant or appellant's representative



13. Date:

May 25, 2004

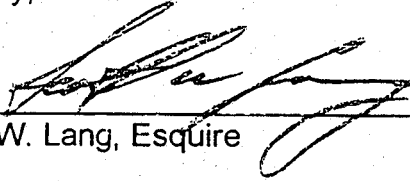
NOTICE: Before mailing this appeal, be sure to attach a copy of the final decision from which you are appealing, if one has been issued. Any comments or brief in support of the appeal **MUST** be filed with the Commission **AND** with the agency within 30 days of the date this appeal is filed. Making a knowingly false statement on this form is punishable by law. See 18 USC § 1001. **PRIVACY ACT STATEMENT ON REVERSE SIDE.**

FOR EEOC USE ONLY:

OFO DOCKET NUMBER:

CERTIFICATE OF SERVICE

I, Scott W. Lang, Esquire, hereby certify that I have served the within **EEOC Form 573, Notice of Appeal/Petition** on the United States Department of Veterans Affairs by mailing a copy to U.S. Department of Veterans Affairs, Office of the General Counsel, at 810 Vermont Ave., N.W., Washington, D.C. 20420, by first class mail, this 5th day of May, 2004.



Scott W. Lang, Esquire